Labor Organization Officer and Employee Report

U.S. Department of Labor PDF

Employment Standards Admir ation
Office of Labor-Management lards





This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved – OMB No. 1215-0188 Expires 07-31-2004

1. Name and address of person filing Edgar Romney, Vice President/Sec. Treasurer UNITE General Office 275 Seventh Avenue, 11th Floor		Name and address of labor organization		
3. Position in labor organization	4. Date fiscal year 12/31/2001	ended	5. File number (if a	ssigned)
Enter appropriate data below if, during the past fi terests (except as specified in the exclusions se	lacal year, you or yo	our spouse or minor chi tions):		d any of the following in-
 Held an interest in, engaged in transactions employer whose employees your organizations 				f monetary value from an
6. Name of Employer UNITE		Address of Employer	275 Seventh Avenue New York, NY 10001	, 11th Floor
7. Nature of Interest, Transaction or Income				
Member of the Board of Directors B. Held an interest in or derived income or econor from, selling or leasing to, or otherwise dealing seeking to represent, or (2) any part of which co	nic benefit with mone with the business of a	etary value from a bush an employer whose empl	₩## (1) a substantial part oyees your labor organizati	on represents or is actively
organization or with a trust in which your labor of			my or morrectly to, or other	wise dealing with your labor
8. Name of business		Address of business		
Amalgamated Bank Of New York			15 Union Square New York, NY 10003	
9. Business deals with—		10. If 9B or 9C is chec	ked give trust or employer	s name
☐ A. Labor Organization ☐ B. Trust	C. Employer	1		
11. Nature and approximate dollar value of such dea				
Class A/Voting Shares and 12. Nature of interest held or income received	Aremco/Preffere	d B Shares valued	at \$ 282.00 per share	
\$535.52				OCT 29 2003
C. Received from any employer (other than an early payment of money or other thing of value	employer covered und	er parts A and B above)	or from any labor relations	consultant to an employer
Name and address of employer o	consultant	14. Nature of paymen		
None		None		
IF MORE	SPACE IS NEEDED	ATTACH ADDITIONAL	. SHEETS	•
 Signature and verification—The undersigned the attachments incorporated therein or referre correct and complete. 	declares, under the a d to in this report, ha	pplicable penalties of the s been examined by him	law, that all of the informa and is, to the best of his l	tion in this report, including knowledge and belief, true,
igned: Kety a loning	at New York,	NY		on10/22/03
	City		State	Date
				Form LM-30 (Rev. 1986